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THE

*Cleveland**Medical**Gazette.*

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

EDITED BY

A. R. BAKER AND S. W. KELLEY.

OFFICE,

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New York Medical Journal, March 10, 1888.

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Philadelphia Medical News, March 3, 1888.

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Consulting Physician to the Hospital for Diseases of the Throat; late Physician to the London Hospital.

Professor Fauvel on the *Vin Mariani*.

13 RUE GUENEGAUD, PARIS, December 8, 1887.

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Cleveland Medical Gazette.

VOL. III.

JULY, 1888.

No. 9.

ORIGINAL ARTICLES.

THE DOCTOR IN COURT.*

BY CONWAY W. NOBLE, CLEVELAND, O.

THERE are, perhaps, no pursuits in life which are more captivating than the profession of law and medicine. They are the great avenues to influence and reputation ; their honors are the most splendid and the most enduring which can be attained. Their annals celebrate many individuals who have arisen from obscurity—sometimes, it is true, by fortunate coincidence and the favor of personal friends, but most frequently by patient labor and earnest devotion in their calling—to wealth, station and an honorable name. With their votaries glorious success is ample reward for the greatest exertion and the fiercest struggles. The hopes, the fears, the affections and the hatreds, the ills, bodily and mental, the sicknesses and the misfortunes of others, are subjects of daily thought and care. The most important interests of life and property are committed to

* An address delivered before the medical class of Western Reserve University. We regret that want of space does not permit us to publish Judge Noble's address in full.—[EDS.

their discretion, and the most susceptible feelings to their forbearance. The business transacted, although not always of the most dignified nature, or productive of great consequences, is always of real importance and not a mere subject for display. The strife is for palpable results, in which success is full of pleasure, and defeat is rarely attended with personal disgrace or injury. Their influence is felt not only throughout society at large, governing, cultivating, purifying it, but also in the closest ties of the domestic relations. From the instant that the child's first gasp for breath is borne to the ears of the waiting mother, through infancy, youth, adult life and old age, down to the time when cold and inanimate it is laid in the tomb, their protecting arms are about it. Not a human being do they exempt from their influence. No one can say, I have no need of them. The saint and the sinner, the Christian and the infidel, are alike their subjects. Like guardian angels they are ever about us, now whispering words of hope and encouragement in the hour of adversity, now cautioning, even sometimes punishing, when we disobey their teachings. They are the handmaids of religion, the law throwing about it its mantle of protection, upholding its divine truths and typifying the eternal laws of God, in its love for truth and justice; medicine teaching us to know ourselves, our weaknesses, blemishes and frailties, and by its analysis of the intellectual faculties, teaching us to inquire into the attributes and immortality of the soul—that something within this frail body, yet not of it, which neither pain, disease or suffering, nor even death itself, can deprive us of, and which can only find its true sphere and reach its full development in the ages of eternity.

They touch each other at many points, but of course the most pronounced one is where the doctor comes into court. Sometimes he comes of his own accord, to prosecute some unfortunate for his hard earned fees, but generally he gets there through the persuasion of a little paper handed him by the sheriff, calling upon him to either defend himself for malpractice of some kind, or to help or hurt some one of his brethren who have been called upon in that way. He never

likes to get one of those little papers. He never likes to come. The call to the house where justice is supposed to sit enthroned is one which he responds to more reluctantly than to any other. If he comes as a witness, his pay is smaller and generally less sure. His time is to be wasted about something or somebody he cares little or nothing for; he is to be examined, cross-examined and badgered, and perhaps abused, by a lot of fellows who, he feels well assured, know nothing of what they are talking about. He is to come out of that house no richer in pocket and perhaps the worse in reputation, with a general feeling of irritability and nervous prostration or excitement which practically renders him unfitted for his business for hours to come. When he comes as a defendant in a malpractice suit, his condition is still more deplorable. He may know perfectly well that the treatment adopted by him in the case at bar was usual and ordinary and in perfect harmony with the rule of law which requires of him the ordinary care, skill and prudence possessed by men in general, practicing their profession, but he knows also, or will learn if he does not know, that the difficulty is with its application. Ordinary skill, he will find, will be a very uncertain thing, or at least the lawyers will try and make it so, and he will find his brother physicians, like enough, differing widely as to what such ordinary care and skill would require in the case at bar. He may find men in the profession, whose opinions he respects, arrayed against him, and he will be sure to find men in the profession, whose opinions he does *not* respect and whose opinions are not entitled to respect, apparently doing their best to injure him in his pocket and in his reputation.

He is in no enviable situation. True, he can and will call on his brethren to aid and assist, by their testimony, in his defense. True, he may have secured able and industrious counsel, but the ways of the court-room and the uncertainties attending the introduction and effect of testimony, and above all the uncertainty of satisfactory results attending our present jury system, all tend to harass and annoy, and sometimes result in heavy damages. There is nothing that

is more perplexing and annoying, nothing that causes more wear and tear of mind, and sometimes of conscience, than a lawsuit where one's reputation and honor are at stake, as they are in a suit for malpractice. There is, in addition to its uncertainties, a certainty of a sifting out and cleaning out of everything spurious and feigned, and of a clear and manifest exhibit of just what a man is. If he is not just what he holds himself out to be, and his skirts are not perfectly clean, he may well dread a legal investigation.

These suits are by no means infrequent, but to the credit of our judiciary be it said, the history of the decisions upon the subject shows that the physician is very rarely compelled to respond in damages except where he has been grossly negligent of his professional duties, and has clearly been guilty of unwarranted and non-professional modes of treatment. Now in such cases you will all agree with me in saying he *should* be held responsible. I have said that one of the uncertainties of a lawsuit of this kind was the result of the present jury system. Let us look at that for a moment. A jury is made up indiscriminately from the voters of the county, and you will find in the panel, like enough, tradesmen, mechanics, farmers, merchants, gentlemen of leisure and, I regret to say, sometimes loafers, whose chief merit consists in their ability to hustle on election day for some favorite candidate. And you will find them of all nationalities and with their mother tongue sometimes sticking so close to them that they can very poorly understand ordinary, every-day English. The whole domain of medicine and surgery is to them a *terra incognita*. In the established mode of taking medical evidence, and in pitting one expert against another, the testimony virtually destroys itself, and the members of the jury are almost as much in the dark at the close of the testimony as at the outset. Instead of the jury being *guided* by the opinions of experts, they become perfectly bewildered with the contradictory statements and theories of a score of learned witnesses. They have virtually to *decide* between experts. To do this each man in the jury box ought to be wiser than each and all

of the witnesses. He has to diagnose and prognose in some of the most obscure cases of disease, even where doctors differ. He must do what the doctors cannot. Thus it comes to pass that the statements of contradictory witnesses neutralize each other, and their effect is to a great extent destroyed. After the testimony is all in come the arguments of counsel, the attorney on the one side trying to *build up* through the evidence, and the other trying to pull down. This, perhaps, helps them in their bewilderment. And after the arguments of counsel comes the charge of the court. He *tries hard* to bring order out of confusion, sums up the results of the evidence, severs that which is relevant from that which is not, and instructs them in the law bearing upon the case. Then the jury retire and are expected to *agree* in one of the most obscure regions of pathology perhaps, and to decide upon a medical question where there is utter discrepancy between the most learned members of the medical profession. They are called upon suddenly to determine, may be, whether a man has disease of the brain, spinal membranes or spinal cord, whether the disease is functional or structural, whether it will grow better or worse, whether it will prove fatal, and if so, in what length of time? If the poor juryman arrives at one conclusion he will be in direct conflict with one of the doctors who have testified, for whom he has the greatest respect, and if at another, he will run square against one of the witnesses, who is his family physician, perhaps. Finally, long confinement and the importunities of two or three of his fellows who have, perhaps, come to a conclusion, bring him to a point where he *must decide*, and a verdict is brought in, a satisfactory reason for which cannot be given, any more than it could be if the verdict was the other way. This may be a trifle overdrawn, perhaps, but it is about the course a case follows, and is it any wonder that there is uncertainty about it?

But while a part of this is attributable to the present system of selecting our juries, is it not partly also owing to the medical witnesses themselves, and the want of proper care and preparation for their duties as witnesses? They are often

at a great disadvantage upon the witness stand on this account, and their opinions are not given with the same carefulness and cool judgment they are in the office, and perhaps they are not entitled to as much weight. This arises from a variety of causes.

When the physician is called upon to testify as to matters and facts falling under his own observation, the rules of evidence are the same as with other witnesses. We shall allude more particularly to his duties when he is called as an expert. In the first place it is his duty to answer as clearly and intelligently as possible the questions propounded by counsel, court or jury. The first suggestion would be that in every case, when the physician has reason to expect that he may be called upon to testify as to any examination he may have made, that examination should be carefully and thoroughly made. It is of the greatest importance that every possible point or fact, which might in the end throw light upon the subject, should be most carefully noted. And the omission to notice any one point might throw discredit upon the whole examination. It would be well also before taking the witness stand to read up and post yourself well on the subjects you expect to testify upon. The examination often takes a wider range than anyone but a lawyer would naturally suppose. You may be quite sure the lawyer who is to examine you will read up upon it, especially if it is a very important case, and unless you are thoroughly prepared he will be very apt to catch you. And he will be very apt to ask you whether your opinion coincides with that of such and such an author, and it might be decidedly unpleasant for you to be at all *uncertain* about it. Again, a child may ask questions it would puzzle a philosopher to answer; so the attorney, unlearned as he is apt to be in matters of medical science, may, by reason of his ignorance, propound inquiries quite remote from the case in hand, of such a nature and in such a form that the greatest possible familiarity with the subject would be requisite for a proper answer. And the attorney would have a right to interrogate you as to your *sources of information*. In a great

part they would naturally be derived from books, which perhaps have been laid aside for years, and if you have failed to refresh your memory as bearing upon the case at hand, it may be difficult for you to locate with precision where such and such opinions are to be found. Here might be a way in which both you and your opinion would be unjustly discredited. And the attorney who disputes your opinion will very likely have gotten hold of some medical authority which sustains his side of the case. You should be prepared to show by what authors *later* or *better* *his* authority has been exploded or outweighed. We should advise next that you approach the witness stand with a steady determination under all possible circumstances of annoyance and provocation to *keep cool*. While the counsel who calls you will endeavor to propound his questions clearly and with no desire to perplex or annoy, you may expect that it will be undertaken by the other side to harass and disconcert you. If you have studied into the case, and have become perfectly familiar with all the points, the *knowledge* of this fact will help you more than anything else. But the premeditation to remain collected under all circumstances of annoyance or excitement will materially aid you. If you form this resolution in advance, from a conviction of its importance, you will recollect it when you come to testify and your patience comes to be tried. And in addition to this you will need all the presence of mind you can muster, for there is a difference between coolness, or freedom from excitement, and presence of mind. You want to be able to acquit yourself with the same discretion and accuracy as if you were giving counsel in your office. The secret in many instances of what is called presence of mind in sudden emergencies, is to have anticipated these emergencies, and to have predetermined what should be done in case they should happen to arise. You cannot always do this, else there would be no such thing as unexpected and unforeseen occurrences. But in the great majority of the affairs of life, by carefully studying over beforehand what you should do or say, in any probable contingency that may happen, you secure to yourself that

presence of mind which, when the contingency does take place, is attributed to natural coolness and quickness of perception.

Allow me to suggest that you should answer deliberately, taking time to give a careful and accurate answer. First, see whether the question itself is in a reasonable and intelligent form, and if not, insist that it should be. Then answer it in such a way and with such qualifications as your better judgment may dictate. Beware of answering too broadly, or in such a way as to lead you or require you to go into learned and elaborate dissertations in order to explain or support your opinion. But, on the other hand, avoid so narrow and imperfect an answer as may afterwards require you to go into such enlargement and modifications as may destroy confidence in your accuracy. Another thing. It is incurring a considerable risk to undertake to give precise *definitions* of things which in themselves are difficult if not impossible of definition. If, for example, you should be asked what is *insanity*, it would be better to premise, in your answer, that it was very difficult to define it and that different authors gave very different definitions of it; but perhaps as good an one as any other might be thus, etc., as given by such an author. This would disarm attack and criticism in advance.

Perfect candor is, of course, necessary, not only in reality but in manner and appearance. Perfect freedom from any *semblance* of favoritism or partisanship should be the aim of every right-minded and considerate witness. He cannot safely be or *appear* to be the advocate. Indeed, if he wishes to favor one side or the other, the only way it can successfully be done is to appear to be perfectly indifferent and candid toward both parties. The least suspicion of undue bias is made the subject of grave objection. Above all, in cases of malpractice, when the professional conduct of a brother physician is arraigned, no matter what your prejudices may be, the true rule must be that while you extenuate nothing, you do nothing through petty spleen or malice. No professional man, either in law, medicine or theology,

ever helped his own professional prospects by assailing a brother, either on the witness stand or in private speech. Your own inherent merit is what will raise you, and you can not make a virtue in yourselves out of the want of it in others. And the professional man who habitually speaks well of his professional brethren, giving them all due credit for what talents they have, shows that he can afford to do it—that he can live and let live, and that he is above all jealousy and envy.

And in testifying, facts and opinions should be carefully distinguished. They should be stated in such a manner that the least brilliant juryman need stand in no danger of confounding them. If you have seen the patient, state just what you saw in language which conveys no theory, and then state your inferences from what you saw. It would be well also to guard yourself in the use of professional and technical terms, which would not be likely to be understood by the jury. Their use is unavoidable to a great extent, but when they are necessary, their meaning should be clearly explained.

And let me suggest another thing, which has repeatedly forced itself upon me while upon the bench. The history of the case is detailed to you hypothetically. In looking back you can see where the error, if there was one, was committed. But can you say that you would not yourself have committed the same error? You will remember that you are looking back upon the past, but your brother was looking forward into the future, which could not be so plain or certain as the past is to you. It is the old story of hindsight and foresight. Place yourself just where the defendant was at the time he prescribed—shut out from your mind all that transpired afterwards, of which you now have the benefit, but he had not, and then say whether, under the same circumstances and with the same light, you would have done differently. Of course you would never think of doing anything else. But you know there are a class of persons who, after a thing has happened, always knew it was going to hap-

pen. They are of that class who are always saying, "I told you so."

Prepared and forearmed against all contingencies, the medical witness may approach the witness stand not only with confidence but pride. He knows that for the time being he represents his noble profession—a profession ancient and honorable throughout the world. And he also feels that with him may be in the case at bar the issue of life and death. On the one hand, the state may look to him to determine whether any of her just and wholesome laws have been violated, and the party accused looks to him with trembling solicitude on the other.

Or he may have been summoned in a civil case, and thousands of dollars may depend upon his *ipse dixit*. Vast estates may be diverted, enriching or impoverishing a host of claimants. In no department of evidence can there be found greater responsibility. How important then that in all those things which may tend to insure the correctness of his testimony, he should be fully instructed and prepared. And in addition to his responsibility to others in this respect, he has a responsibility to himself to take care of. His own character and reputation are to be helped on or injured by the impression he may give the public of himself as a witness in court. The arena of the court-room is a conspicuous one, and the physician, however guilty he may be in the daily walk of his profession, and however much deception he may practice in the sick room, when he comes into the full glare of an excited public trial, if he has any deficiencies they are likely to be disclosed. But if he has merit and learning and clearness of judgment and expression, then do his superior qualifications become apparent to the public, who may have overlooked them before. His friends look upon him with increased confidence, and his reputation is thus signally enhanced. There is no finer spectacle in the court-room than to see a physician upon the stand, a thorough master of his subject in all its bearings, clear in his discriminations and statements, cool and impartial, free from all partisanship and showing himself an accomplished master of his profession;

and on the other hand, nothing more painful than to see him hesitating, puzzled and perplexed, contradictory in his statements and the butt of counsel for satire and ridicule. Hard-earned reputations are sometimes ruined on the witness stand, and physicians may be easily found who can date their decline in business and professional standing from some unfortunate opinion delivered by them under such circumstances. And there are also many instances where reputations have been made under like circumstances, and success in life has found its beginning in the court-room.

Now is there any good reason why the physician should neglect thorough preparation for ordeals of this character? Just consider for a moment the variety of cases in which his testimony plays a most important part. Criminal cases of course take the lead. Then take life insurance. See what a wide field that opens. Then go into one of our probate courts, and what an extended variety of medico-legal questions are constantly arising for adjudication. Then take the questions arising out of the sanitary laws. Go into our court of common pleas here any day in the week, and you will find cases in progress where damages are sought for injuries to the person, sometimes insignificant and sometimes most serious, and if you don't run across some of your brother physicians waiting in the lobby for their turn to testify, I mistake my guess. The courts are crowded with cases of this character, and expert medical testimony is called for in nearly every one of them. Indeed, it has gotten to be so much of a burden to the more prominent of the medical profession here, that they are crying out against it, and for protection against their compulsory attendance as witnesses. It is a source of great gratification to know that the medical colleges throughout the country are paying much attention to the study of medical jurisprudence, and that students while obtaining their medical education are also grounding themselves in all the elementary legal principles involved in questions which they may be called upon to investigate. How much wider and broader is the vision and judgment of a medical expert who considers these questions in their legal

as well as their medical aspects. There ought to be an elevated standard of excellence among medical experts, and there should be precise, minute, scientific training in all that careful, practical knowledge necessary to an intelligent, reliable position upon the witness stand. There will be fewer cases "where doctors disagree," according to the old adage, if the witnesses are not M. D.'s simply, but profound and competent medical experts; and a long stride will be made in the progress of the work of increasing both the certainty, usefulness and public confidence in trials where medical testimony is called for.

I want to assure you of one thing—that you will always find a friend in the court. He is there for the express purpose of seeing that justice is done not only to the parties litigant but to the witness as well, and that bulldozing and browbeating honest witnesses who desire to tell the truth is something which he will look after himself and prevent. It is his duty and he takes pleasure in performing it.

KELOTOMY.

BY J. H. BELT, M. D., CLEVELAND, OHIO.

WAS summoned January 14, 1888, to the bedside of Mrs. W., from whom was obtained the following history: She was forty-two years of age, the mother of ten children, the youngest three years old; had been troubled for more than six years with an irreducible umbilical hernia; had experienced within the past two or three months several attacks resembling, except in severity, the present one, which had passed off in from twelve to eighteen hours, coincident with the operation of a cathartic administered on her own responsibility.

Twenty-four hours previous, while scrubbing a mat placed on a table, she was seized with violent dragging pain in the umbilical region, followed by vomiting and fainting and an irresistible desire to go to stool; at the same time was un-

able to evacuate the bowels, each effort serving to aggravate the pain and causing it to shoot to the feet. Medical aid had been called at the onset, but as nothing had been retained by the stomach, symptoms continued unabated until the above date, when a hypodermic injection of one-third of a grain of morphia procured twelve hours' exemption from pain and vomiting; the latter returned not to be again controlled during the entire course of her illness. Matters vomited consisted at first of contents of the stomach and bile, but in two or three days patient complained of the offensive odor of her own breath—said it smelled like a nuisance. Febrile movement was of moderate intensity, temperature 100, pulse 90, tongue slightly coated but moist, thirst uncontrollable. Such was the state of affairs up to the seventeenth, on which date a consultation was held with Drs. J. H. Lueke and J. B. M'Gee, and palliative treatment deemed still the proper course to pursue, the wisdom of which conclusion seemed to be clearly evidenced on the seventeenth and eighteenth, when an escape of flatus per anum showed that obstruction of the bowels was not then complete; this, however, proved to be the only encouraging feature that occurred during the entire interval between the eighteenth and the twenty-fourth, and this was only confined to those two days succeeding the seventeenth. In the meantime the dose of morphia had to be increased to one-half grain and repeated four or five times within twenty-four hours. The pulse went up to 120, temperature 102; vomiting and retching continued without abatement; signs of constitutional depression and perturbation deepened.

Nine days having elapsed since there had been any action on the bowels, and all symptoms having been aggravated, our expectant plan was demonstrated to be a failure. We therefore promised compliance with a request so often made by Mrs. W. during the last week of her suffering, to operate; this too, notwithstanding the unfavorable prognosis held out to her should the operation go so far as the division of the sack. Accordingly, January 24, with the valuable assistance of Dr. J. B. M'Gee, steps were taken to liberate the

incarcerated intestine. Our patient being very corpulent, weighing 240 pounds avoirdupois, with a waist measure of 44 inches, necessitated the making of an incision over four inches in length over the upper part and neck of the tumor to fully reach the serous covering of the protrusion. On relieving this of all over-lying tissues, a mass consisting apparently of omentum, indurated, irregular in outline and of the dimensions of a large sized Bartlett pear, presented itself; but no bands or other source of constriction external to the peritoneal envelope were to be found; and every effort at reduction proving futile, no alternative was left but division of the much-dreaded sack. Its condensed, thickened and inflamed wall offered no little resistance to the knife. The division made, a loop of intestine about an inch in extent was brought to view, deeply congested and adherent throughout the greater part of the superficies to the sack proper and to a cup-shaped depression in the protruded omentum. This was enucleated and returned to its proper situation. What little blood and serum escaped into the peritoneal cavity was sponged up with sponges previously carbolized, as were our hands, instruments and everything likely to be brought in contact with the wound. The omentum was replaced as nearly as possible in its old position, the wound in the integument closed with three interrupted sutures; over these were laid two sponges, and these in turn covered with wet carbolized compresses, all held in place by a snugly drawn binder reaching from below the hips to the short ribs. A hypodermic injection of one-half a grain of morphia was administered and patient left to the care of nurse.

Three hours after operation bowels moved freely, unattended by pain. A quiet sleep followed, lasting throughout the night, and next day patient expressed herself as feeling "splendid." Four days later sponges were dispensed with and stitches removed, and wound was found to be healing by granulation, and communication closed, to all appearances, with the abdominal cavity. The carbolized compresses were kept up until the healing process was well advanced, when

they were replaced by a five per cent. carbolic acid ointment. In brief, improvement took place immediately after reduction of the bowel, and without a single interruption went on to a speedy and complete recovery, even to the self-reduction of the omental tumor.

The question may arise as to the justifiability of the radical treatment this case received. The escape of flatus per anum on the seventeenth and eighteenth demonstrated that there was not complete occlusion of the bowels; pain and vomiting having a feculent odor had existed prior to as well as subsequent to these dates. The increased pulse rate on the twenty-third may have been the result of exhaustion incident to long fasting, while the temperature of 102 would not of itself have afforded sufficient grounds for jeopardizing the patient's life by an operation which, according to such authorities as Agnew, Bryant, Gross, Ashurst and Erichsen, must "seal the doom of the patient, death following in almost all cases." That, "when the sack is opened and the parts exposed, it is an exceptional occurrence for a cure to follow." "The surgeon should exhaust every means before he opens the sack of an umbilical hernia, especially of large size; the patient, I believe, rarely recovering when this is done." That, "if the sack be opened, peritonitis may be expected to follow," etc. On the other hand, would not a postponement of operative interference to a period when evidences of strangulation of a more pronounced character presented themselves have incurred on the part of the attendant greater responsibilities, since the symptoms of strangulated umbilical hernia are of a slow and chronic character, rather indeed those of obstruction than of strangulation? These questions have been answered by the old masters in accordance with the method pursued in this instance, if the following brief abstract correctly represents their views:

After the usual local and constitutional measures have failed, and the bowels do not act and the tumor remains unreduced, the case should be treated as strangulated hernia,

[Form 2.]

cut down upon and the bowels set free. Answered in the light of antiseptic surgery as practiced to-day, the same treatment obtains, while the dangers of the operation are much less vividly portrayed. In fact, the arguments in favor of Pettit's operation, with its formidable array of statistics showing the greatly reduced mortality in favor of his over the older operation, is ignored, if we interpret correctly the later teachings on the subject in the current medical literature and the text-books embodying the most advanced views on abdominal surgery. For instance, Wyethe, in his 'Text-Book on Surgery,' in his treatment of strangulated umbilical, as well as inguinal and femoral hernia, without comment makes the division of the sack just as much a part of the operation as the incision through the integument, relying upon a scrupulous regard to cleanliness and thorough antisepsis as a means by which the safety of the peritoneum may be assured.

A CLINICAL STUDY OF THE SO-CALLED PRAIRIE
ITCH, LUMBERMAN'S ITCH, ETC., WITH A
CONSIDERATION AS TO ITS ENTITY.*

BY WILLIAM T. CORLETT, M. D., L. R. C. P., LONDON.

Dermatologist to Charity and St. Alexis Hospitals, Etc., Cleveland.

FROM time to time one meets with reports in the medical press of unique forms of diseases of the skin closely allied in symptoms to scabies, yet, it is claimed, differing therefrom in certain essential details. Nor is it confined to the medical press, but in medical societies and in the profession at large there exists a firm belief in the entity of a disease, differently named in different localities, but possessing four cardinal diagnostic points.

The first is pruritus, which is always present, but varies in intensity in different cases. In some it is continuous, while in others there are periods of exacerbation, notably at the close of day.

* Read before the Section in Dermatology of the American Medical Association.

The second symptom is objective and consists in a papillary eruption which varies in distribution. The hands and fore-arms are most frequently affected, next in order the trunk and thighs, while the face does not always escape.

The third symptom, or more properly etiological feature, has been the *bête noire* of several amateur microscopists who, following the fashion of the time, have ascribed its contagious or infectious nature to an hitherto unlabeled parasite. A few years ago a graduation thesis was presented to an Ohio Medical college on the "Bacillus of Prairie Itch."

The fourth and last distinguishing feature arises from the observation that although resembling scabies, yet it does not yield to therapeutical measures best suited to that disease. It is well to bear in mind that all cases of the so-called prairie itch do not present these four cardinal features, but one or more are present in every case.

In 1854 Dr. William Brodie of Detroit wrote a paper on prairie itch, in which he disclaimed for it any relationship to scabies. If correctly informed, the honored ex-president of this association still adheres to the precepts which were advanced when the dermatology of to-day was in its infancy, when the achievements of more modern dermo-pathological research were yet unknown, when the dermo-neuroses were not mentioned and when the large family of lichens, which have since been largely eliminated and relegated to their natural places, were supposed to belong to a distinct inflammatory group.

In the winter of 1885 it was estimated that one person in every twenty in Louisville had the itch, and the time-honored remedy of hog's lard and sulphur did not ameliorate the sufferings of the afflicted.

In writing of this, Dr. Hyde of Chicago says: "Most probably the series of cold waves from the Manitoba region, which have lately been surpassing their usual limit and reaching with unwonted severity some of the southern states, has given rise to the itch in question."

In the August number, 1886, of the Kansas City Medical Index, there appeared an article entitled: "Is it Scabies?"

The writer refers to the group of symptoms herein considered, and after quoting extensively, concludes by saying that it is not scabies, neither is it a disease peculiar to this country. It is to be regretted, however, that the quotations do not inform us as to the means employed in eliminating the well-known diseases of a like report, save in the positive assertion that the disease in question is not scabies and that the observers have been in the continuous practice of medicine thirty, forty and fifty years. One glowing exception, however, must not be omitted: Dr. Engstad of Dakota has made a careful microscopical investigation and has not found the acarus—doubtless in many cases of the so-called prairie itch Pasteur and Koch might do as much.

My attention was first directed to the "new itch" at the Ohio State Medical society in June, 1882, but a typical case was not met with until nearly five months later, at which time it was said to be an epidemic in Portage and Wayne counties, Ohio, and a committee was appointed from the Northeastern Medical society to investigate the same. The committee reported: The disease, for the most part, is scabies, due to the acarus scabiei. In due time letters were received stating that the treatment and hygienic measures suggested by the committee had proven effectual in exterminating the epidemic.

In May, 1887, through the courtesy of the late Professor A. B. Palmer, an opportunity was offered to investigate several cases of what was popularly known as Michigan or Lumberman's Itch, then in the Hospital of University of Michigan.

CASE I.—Male, married, light hair, aged forty, lumberman, complains of intolerable paroxysms of tingling and itching of variable duration, succeeded by intervals of quiet which lasted sometimes weeks, sometimes months. During these intervals the subjective symptoms were entirely absent and the lesions on the skin healed kindly.

Family history:—His mother had suffered from neuralgia and was, in the language of the patient, a nervous woman.

History of the disease:—It first appeared in the autumn of 1883. The season of the year had no appreciable effect on

its course, but sudden changes of temperature and the atmospheric conditions preceding a thunder-storm were always associated with an aggravation of the symptoms, and sometimes were sufficient to induce an attack. These attacks were ushered in by occasional shooting pains in the extremities, sometimes accompanied by a tingling sensation. Neither his wife nor children had contracted the disease.

Present condition:—The patient's general health is good; the eruption consists of irregularly shaped maculæ and vesicles of various sizes, in places grouped, but for the most part discreetly distributed. It is confined to the fore-arms, hands and legs; it is quite symmetrical and inclined to a linear distribution.

The case was regarded as a neurosis cutaneæ, having a certain resemblance—save in the exemption of the palms and soles—to the cheiro-pompholyx of Hutchinson.

CASE II.—Male, aged 45, single, clerk, complained of an eruption which he had first noticed three years before. It consisted of small maculæ having a dark punctate centre, which had appeared on all parts of the body. Aside from the slight tingling and itching, he felt little discomfort. Upon further investigation, the lesions were recognized as due to the bite of the *cimex lectularius*.

CASE III.—Female, unmarried, aged 30, teacher, of neurasthenic temperament, complained of paroxysms of itching which appeared late in the afternoon or upon retiring for the night.

The family history is good.

History of the disease:—The itching began in the autumn of 1884, and disappeared the following spring; at the next approach of cold weather it reappeared and again disappeared the spring succeeding. In this way it has continued to the present. The patient sought medical aid, and was told she had the "Michigan itch." She slept with a sister without communicating it. The present condition, both objectively and subjectively, is negative, the itching, since the moderation in atmospheric temperature, having nearly subsided. The skin of the extremities is rough, with here and there a super-

ficial cicatrix. With this brief outline of the disease, it may be recognized as the *pruritus hiemalis* of Duhring.

Thus, of the three representative cases of "Michigan itch" which, on account of their inveterate nature more than for any doubt as to the diagnosis, were sent to the University of Michigan, not one belonged to other than well-known genera.

The two cases which follow occurred in private practice.

CASE IV.—Male, married, aged 46, clergyman, complained of an itching which gave him great annoyance. He was told by the physicians of his town that he had the new itch.

The history in brief is this:—Four years ago, while engaged as a traveling preacher in Vermont, he contracted an itchy disease of the skin, which in due time he gave to his six children—his wife escaped. The itching was most severe on the flexor surfaces, the hands were but little affected and the face remained free. On the contrary, the children were first attacked on the hands.

At the time of examination the patient said he thought his disease had changed. He still complained of itching towards nightfall, but it appeared as distinct paroxysms aggravated by fatigue. The desire to scratch was irresistible, and, unlike the condition preceding it, had once or twice suddenly disappeared for months and as suddenly returned. The present eruption, too, unlike the permanent papillary rash of which he first complained, consists of whitish evanescent papules which tingle like the sting of nettles. The children, he thought, had quite recovered.

This case is given because it brings out those points one is most frequently confronted with by the adherents of that unknown quantity—the new itch.

Thus the wife, living in intimate family relationship, did not contract the disease, because all are not equally susceptible to scabies any more than to variola, and bodily cleanliness may be effectually antagonistic. Later, the primary disease became complicated with a neurasthenic element which, in turn, chanced to supplant it, but this may not prevent one from recognizing the first as most probably scabies, nor the second as *lichen urticatus*.

CASE V.—J. H., aged 40, clergyman, complained of an itchy disease of the skin, for which he had been treated without avail.

Previous condition:—In 1870 he had what was probably eczema of the scalp, since which time his skin had given him no discomfort until six weeks ago (November, 1887), when he contracted an itchy disease from his children, they having taken it during the preceding summer while on a visit to Butler, Pennsylvania.

The patient said, in the children the rash appeared first on the face, then on the body, and looked like measles.

Present condition:—The patient has a dry, rough skin, with a papular eruption interspersed, with a few small vesicles situated on the trunk and limbs; the hands and face are free. It is very itchy and prevents sleep. No acari could be found. The following day, at my request, the children were examined, and from the distinct burrows on the hands two acari were extracted, which confirmed the diagnosis of scabies. Letters received from some of the medical gentlemen of Butler informed me that the disease from which these children suffered was at the time epidemic in Butler county; that it was thought to be a new one; that its etiology and pathology were shrouded in mystery; but it was looked upon as constitutional, and most probably contagious. It was said to yield to hydrargyri bichloridum, potassi iodidum and solutio arsenicalis Fowleri given internally variously combined; while acidum sulphuricum, zinci oxidum and pix liquida comprised the most reputed substances for external use. Woe betide the disease be it due to an inflammation, animal parasite or vegetable growth that escapes this armamentarium.

Such a chain of evidence as was brought to light by this correspondence could not be withheld. Accordingly, the writer determined "to beard the lion in his den" and investigate the itch question of western Pennsylvania.

Traces of the malady were heard of even before the confines of Ohio were passed, but not until Greenville was reached was a genuine case cited.

CASE VI.—Was a lad who represented a household with scabies.

CASE VII.—Eczema Manuum.

CASE VIII.—Xeroderma.

CASE IX.—Scabies.

At Meadville, of the several cases seen, but one will be given:

CASE X.—R. H., aged 21, railroad employé, has had an itchy disease for a year, which prevented sleep. It had never invaded the face or hands ; it was brought as one typical of prairie itch. Upon examination he presented a papular eruption over the entire body, with the exception cited. It was best marked on the flexor surfaces.

The patient said his hands were covered with oil while working, and he cleansed them with water and strong soap several times a day. Repeated efforts to find the acarus scabiei failed, but the papular lesions, together with the history, were sufficient in the absence of more positive evidence to warrant the diagnosis of scabies. The attending physician has since confirmed the diagnosis by letter, in which he says the measures suggested at the time were effectual.

Oil City, Union City and West Monterey failed to satisfy the writer's desire for conquest or discovery.

Of the many cases that were collected at these places, suffice it to say that they ranged from scabies to phtheiriasis, from erythema simplex to eczema pustulosum, from pruritus to herpes, and from pityriasis to xeroderma.

It is not that scabies has disappeared with increasing civilization, as one has said, neither is it that the classical description of Cazenave does not apply to the scabies of to-day, but rather is it that we lose sight of the clinical fact that the acarus scabiei is only a local irritant, inducing in one a papillary eruption, in another vesicular, while again in others it may become pustular.

Frequent bathing too, and other extraneous conditions, will place a limit to its local invasion ; thus it is seldom seen on the hands of people who frequently bathe, as in the last cited, and among refiners of petroleum the hands and forearms remain free.

In northern climates pruritus hiemalis often adds to the complication in diagnosis, which in many cases can be eliminated only by the clinical history.

Again, the senso-neuroses, which certainly must become more and more apparent to American dermatologists, often baffle the most skilled. But from the mass of cases which have been examined in these investigations, it is apparent that there exists no material to form a new disease, but an appalling need of a more thorough knowledge of those we already have.

143 Euclid Avenue.

CORRESPONDENCE.

LETTER FROM ENGLAND.

BIRMINGHAM, ENGLAND, June 18, 1888.

It may be of interest to the readers of the *GAZETTE* to hear something from Birmingham. It seems strange to an American to go through the streets and see so many old, tumble-down buildings, and all these buildings crowded full of working people living as an American laborer would not live. Birmingham has a population of about five hundred thousand and the surrounding country is densely populated. This crowded population gives opportunities for medical work which we in America, at least in the west, do not have. Take, for instance, the career of Mr. Tait. A career such as his would hardly be possible with us. By his living in Birmingham he is situated in the very heart of England, surrounded not only closely on all sides by a dense population from which to draw his patients, but in easy distance of every large city in the kingdom; and, too, he is but a very short distance from the continent. He has another advantage in the fact of his not having many prominent competitors in Birmingham, although there are two or three men of world-wide reputation.

Birmingham has a number of good hospitals, the largest of which is the General hospital, with an accommodation for about two hundred and fifty patients, besides separate fever wards. The Queen's hospital, the next in size, has one hundred and twenty beds. Then there are a number of smaller institutions, the Children's hospital, Women's hospital and Borough hospital being of most importance among them.

I attended, a day or two ago, Mr. Lawson Tait's introductory lecture at the Queen's college. He has but recently been made professor. Mr. Tait is a large, rather corpulent man, with a large head and full face, and wears the side whiskers one so frequently sees here in England. His hair is black and his face impresses you not so much with its look of intellectuality as it does with strength. He is, in fact, a typical Englishman. He does not talk fluently, and it requires the closest attention to understand him. He began his lecture by stating that he had the honor of being the first appointed professor to a separate chair of gynaecology in Great Britain, but that the addition of this chair to other colleges in the kingdom was being considered. During the course of his lecture, he stated that ovarian cysts were unknown except during later years; that he, after careful search, could not find a recorded case occurring earlier than the later part of the seventeenth century, whereas smallpox was exactly described as we see it now, by Rhazes, as long ago as four thousand years. In fact, ovarian tumors did not occur before the last three hundred years he was quite convinced, and that these tumors are on the increase, in evidence of which he spoke of the time of his studentship with Simpson, who, he stated, had the largest clientele of any man before or since his time; that Simpson probably saw twenty cases in practice to his one, but that he saw twenty cases of ovarian tumors to Simpson's one. He also spoke of the well-known singular fact that colored women in the United States were very frequently troubled with uterine myoma, whereas in their native country (Africa) uterine myoma were absolutely unknown, and also that colored women never have ovarian cysts. He had never seen an ovarian

cyst in a colored woman, nor had he ever conversed with any surgeon who had. He also spoke of his having seen Simpson operate on twenty-five or thirty ovarian tumors and every one died; that Simpson did not appreciate the value of the short ligature; that, in fact, the success of modern operations on these tumors was due to the short ligature. In speaking of the frequency with which ovarian cysts occurred, he stated that in United Britain there were about one thousand tumors going about. That was somewhere near the number waiting for operation and those not practicable to operate on. He spoke in terms of greatest admiration for the work of Simpson and Ambroise Paré, stating that he considered these two men had done more for the advancement of surgery than any others.

It is fortunate for the profession that Mr. Tait has been appointed as professor of gynæcology in the Queen's college, as it will give many the opportunity to hear him and see him operate that otherwise would not feel like intruding upon him, for it is well known that the large numbers coming to see him, especially from America, sorely taxed his time and temper.

W. J. GILLETTE.

LETTER FROM CINCINNATI.

Mal-practice suits is a subject in which Dr. P. S. Connor of this city is well posted, having gone through one recently and come off so victoriously. The doctor is of the opinion that these suits, or at least a large majority of them, are brought with an intention to rob—a species of black-mail. He thinks during the existence of rascally doctors and scoundrelly lawyers, mal-practice suits will continue to thrive. The doctor presented a resolution to the State society at its last meeting, arranging for the appointment of a committee of seven to present to the legislature a bill similar to that which is on the statute books of the state of New York. This bill provides that bond equal to twice the amount sued

for shall be provided, and in case the suit fails or is dismissed, this bond is forfeited. Such a law, he thinks, is just what we want. If the plaintiff has been really injured, he can easily obtain sufficient backing, and if not, his evil designs would be more difficult to obtain. The resolution was adopted.

The treatment of tuberculosis has received much attention of late years by Dr. J. T. Whittaker of this city. He is a faithful follower of Koch, but acknowledges that his discovery has not yet resulted in the practical results so long wished for, and pulmonary tuberculosis remains as intractable as ever. No treatment of tuberculosis to-day is scientific which does not refer to the bacillus tuberculosis. Exercise in the open air he considers to be of the greatest value. The chief benefit to be derived from residence in high altitudes is lung exercise. Three times as much lung exercise is required at high altitudes as at the sea level. Cod liver oil, he thinks, has done more for consumption than all other therapeutic remedies. The food of the highest force value he considers to be alcohol. Four tablespoonfuls of cod liver oil will only produce one-half as much heat force as a bottle of good wine, and four tablespoonfuls of cod liver oil are about as much as our bravest patient can stand. The bacillus tuberculosis is the smallest and hardest to destroy. To kill it requires boiling for twenty minutes or corrosive sublimate 1:1,000. After careful experimentation he has come to the conclusion that no inhalation will destroy the bacillus, and has entirely abandoned it. He has also tried corrosive sublimate by inhalation and parenchymatous injection without result. He experimented for one year with creosote, increasing the dose one drop a day till twenty-five or even forty drops per day were taken. Guiocole he found had no superiority over creosote. Aline sulphide, the essential principle of garlic, was followed by quicker results in his hands, but the scent of the garlic was unbearable. He was obliged to ventilate his office after the visit of his patients, and many would refuse to enter the room where they were. He has experimented with the oil of black mustard for a month past

with very beneficial results, and though the time is too short to speak with much authority on the subject, he would call attention to it in the hope of gaining assistance in his investigations. He thinks it very questionable if tuberculosis is ever inherited. It should be made a crime not to disinfect the sputum. A man might as well walk the streets firing a loaded revolver right and left, as expectorating tubercularized sputa in all directions.

The medical societies have adjourned till the first week in September. Many of the medical men are leaving town for a summer's outing at the seaside, in the mountains or among the lakes. Cincinnati is one of the most oppressive places in the United States during the summer, and the migration is very extensive.

Dr. C. D. Palmer, who was so seriously injured by being thrown from his buggy, May 6, has so far recovered as to be able to go to Atlantic City, where he will remain till fall. He goes with the best wishes of hosts of friends and many patients who hope for his entire recovery.

The central committee of arrangements for the American Medical association were surprised to find, after all bills were paid, that they had a remainder of \$700. This was voted to the Humane society—a very worthy object. An object just as worthy and rather more appropriate would have been to put it to some use for the direct benefit of the medical profession. It could have been put in one of our medical libraries or placed as that "nest-egg," of which we hear so much and see so little—to start a fund for the building of a home for the academy. This, with the fund which would have been furnished by the union of the two societies, which miscarried a few months ago, would have made a respectable sized "nest-egg."

Our city and state were honored by the recent election of Dr. P. S. Connor of this city to the position of president of the Ohio State Medical society. Dr. Connor, as president, will lend standing to the State society, and the next meeting can be promised to be a good one. Dr. B. M. Ricketts of this city was also made vice-president of the society.

The experiments of Dr. Senn, passing hydrogen gas through the intestines of a dog and out the mouth, burning it as it passed from the tube, which were performed at the recent meeting of the American Medical association here, were repeated with success by Dr. R. Harvey Reed of Mansfield, at the meeting of the Ohio State Medical society. The experiments created quite a good deal of interest. E.S.M.

NORTHWESTERN OHIO MEDICAL ASSOCIATION.

The twenty-sixth semi-annual meeting of the Northwestern Ohio Medical association, which was held in Findlay, June 7 and 8, was the largest and most successful meeting of the society. There were many valuable papers presented. Of the papers read, particular mention ought to be made of the papers on hydrothorax and empyeman, with reports of cases by Dr. Leonard of West Liberty, and Dr. McKellard of Green Springs. Dr. Brayton's report of a case of hydronephrosis, which he has had under his care for several years past, was a very interesting and instructive paper. Dr. Bain's paper on prognosis seemed to be of the deepest interest to every member who heard it, and the discussion on it which followed its reading was pretty generally indulged in by the members present. The writer thinks Dr. Bain to have taken the safe side, for to be always looking at the dark side is not conducive to the patient's interest; besides, it sooner or later "puts a man in a hole"—for every now and then a patient will recover whom it seems could not be expected to do so.

"Where there is life there is hope," is a pretty good motto to tie to, especially for the young practitioner. Of particular interest was Dr. Beardsley's paper, the subject of which was "An Hypothesis." It showed much thought and great originality.

There were many other papers of interest, yet a want of time prevents our touching on them. Suffice it to say that the discussions were interesting and very instructive. The society adjourned to meet at Toledo the second Thursday and Friday in December.

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We have never published an analysis of Carnick's Food "prepared with milk," for, unlike all other foods, it is prepared by the addition of water only, and we base our claims upon the intrinsic value of the food as compared with an equal amount of the solid constituents of human milk. All other analyses or comparisons are misleading. We challenge similar comparisons with any other food and confidently believe, that if Carnick's Food is depended upon for the nutrition of infants, the great mortality among children will be reduced.

Full information regarding the process of manufacture will be cheerfully furnished and samples sent free to those who wish to test Carnick's Food.

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The Cleveland Medical Gazette.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY

ONE DOLLAR PER ANNUM IN ADVANCE.

Vol. III. begins with November, 1887. Subscriptions can begin at any time.

REMITTANCE OF MONEY.—All money should be sent by P. O. Order, Postal Note or Registered letter. In no case should money be sent by check, except on New York or this city.

Original Communications, reports of cases and local news of general medical interest are solicited. All communications should be accompanied by the name of the writer, not necessarily for publication.

All letters and communications should be addressed to the **CLEVELAND MEDICAL GAZETTE**, No. 143 Euclid Avenue, CLEVELAND, OHIO.

Changes for advertisements must reach us not later than the second week of the month to be corrected in current number, addressed to **W. N. GATES**, Manager Advertising Department, 10 Public Square.

EDITED BY A. R. BAKER AND S. W. KELLEY.

EDITORIAL.

THE OHIO STATE MEDICAL SOCIETY.

The recent meeting of the Ohio State Medical society at Columbus, notwithstanding its following so closely upon the heels of the American Medical Association meeting at Cincinnati, was all that its most ardent friends could hope for. The attendance was fully up to the average, and the scientific papers were of more than ordinary value. The discussions, with few exceptions, were animated and creditable alike to the participants and to the society.

The receptions tendered the members of the society and their families by Drs. Hamilton and Loving, on Wednesday evening, were well attended and were very pleasant social reunions. The pleasant excursion and entertainment at the Insane Asylum will be long remembered, and among the many pleasant, private reception dinners, etc., provided, we take pleasure in mentioning that of Dr. Allen to the oculists present at the Columbus club.

[Form 3.]

The association did wisely in choosing Dr. Connor of Cincinnati as president, and in reelecting its old efficient secretary, Dr. Collamore of Toledo; and we are assured that the profession of Youngstown will entertain the society royally next year.

The society is to be congratulated on the fact that all the papers on the printed programme were read either in full or by abstract, owing to a rigid effort on the part of the president to exclude all matter of other than a scientific nature from occupying the time of the members. It was also pleasing to note that the attendance on the third day was almost, if not quite as large as on either of the preceding. We would suggest that in the future an effort be made to arrange the programme so as to bring all the papers on the same or similar subjects together, so that they can be discussed at one time and thus save much valuable time.

As there are many objections to meeting in sections, it might be well to arrange the programme according to days, so that all surgical papers would be read on one day, all medical on another, etc.

There is much work that must be done of a routine character, and we would also suggest that, in the future, there be held a morning session on the first day, so as to leave the afternoon session of that day open for purely scientific work.

THE FUTURE OF THE OHIO STATE MEDICAL SOCIETY.

While this association has done noble work in elevating the standard of the medical profession in the state, when we compare what it is doing with what other states are doing, it will be seen there is abundant room for improvement.

We were assured from reliable sources that while we were meeting in Columbus with an attendance of about one hundred and fifty, the Michigan State Medical Society was in session in Detroit, with an attendance of five or six hundred; and the week before, the Indiana State Medical society met in Indianapolis, with an attendance of over five hundred, and

the Pennsylvania State Medical society met the same week in Philadelphia, with a still larger attendance. There is no reason why we should not have as large an attendance and membership in Ohio as in Pennsylvania. We expect soon to rank as large in population and wealth, and why not in scientific attainments?

It is interesting to compare the report of the publishing committee of the Pennsylvania State Medical society of last year, with that of Ohio.

There were issued and distributed to the members of the Pennsylvania State Medical society for the year 1887, two thousand two hundred copies, at a cost of \$764.59 to the society. While of the Ohio transactions there were issued five hundred copies at a cost of \$520.03. It will be seen that the proportional expense of publishing a large edition is much less—so much so that the publishing committee of the Pennsylvania society recommended the reduction of the annual fees from \$1.50 to 75 cents. But this is a minor consideration.

The great lesson for us to learn is that with an actual membership of less than five hundred in the great state of Ohio, we do not properly represent the profession of the state. Many of the best members of the profession in the commonwealth are not members of the State society. One other important consideration is that, if those members who prepare papers for the society knew that the transactions would reach two thousand or more members of the profession, instead of less than five hundred, there would be an additional stimulus to do their best work in preparing papers for the transactions.

MEDICAL WARFARE.

We are sorry to see some of our contemporaries engaged in a wordy war with a firm of medical manufacturers. In a previous article we discussed the relation of the physician to the proprietor of a pharmaceutical preparation, food or appliance. When the profession declines to be made a cat's-

paw by these firms, it will cease to be troubled with disgraceful and troublesome quarrels. More than one physician has had a good lesson taught him and another is now gaining wisdom by bitter experience. A proprietary medicine or food may be good enough in its way, in which case there are always physicians who can be induced to write testimonials which are taken with thanks, as a matter of course, or as due to a laudable business enterprise. The apparatus, medicine or food is boomed by such testimonials and endorsements and money made by its proprietor. All is serene—the medical man, it is asserted, should be the judge, and he has decided favorably, as he ought to do. But let the profession or a member of it criticise the proprietary article or method and he is straightway pronounced to be ignorant, incompetent, bigoted or biased, and is fortunate if he escapes a suit for damages. It's a poor rule that will not work both ways. If there was one-half of the sincere interest in humanity and science that is professed by these philanthropic proprietors, they would as carefully and as candidly profit by the criticisms as by the encomiums of the profession. Let us not have our opinion stultified by the interested motives of tradesmen. Such as will not take our blame, let them not ask our praise. If we are not free to express an honest opinion, let us hold our peace. Let them rake out their own chestnuts for a while. We would soon see some of them drop their pretense of respect for the medical profession and advertise openly to the people; that is what many of them had intended to do after a while, when they could parade a lot of endorsements from the profession. There are too many doctors very willing to be persuaded to write testimonials for the pleasure of seeing their name in print—if it is only on a circular or handbill or in an advertising journal and scattered all over the country—very likely with a capital heading added by the proprietor to announce that “This great authority of world-wide fame endorses our preparation and will use no other.”

Once in awhile the doctor fain would have his connection with the enterprise severed; changes his mind in regard to

it; fears it is going a little too far and will compromise his professional standing. But no. He may not have been paid for his influence except by the free advertising it gave him, but to publicly withdraw from it would be a damage. He must stand by it now *nolens volens*. So it is sometimes rather amusing to witness the endeavors of a gentleman to maintain a balance between his desire to keep up regular standing in the profession and at the same time gratify a propensity to advertise himself. A doctor in this position does not look dignified. It becomes too evident that he was either engaged in knavery or else he was fooled, and he does not add to the dignity or worth of the profession, nor gain honor in it.

If he had staid out of bad company, he would not have gotten into trouble.

Business is business and science is science. One may make a business of the natural sciences, but he cannot make the natural sciences conform to his business rules.

It is as impossible to practice medicine or carry on a hospital scientifically, with the principle of demonstrating the superiority of somebody's bandage or somebody's pills, or the company's patent food, as it would be to practice scientific medicine without deviating from the dogma of *similia similibus curantur*.

To attempt to combine business and medical science in this way is perfectly legitimate from a business point of view, but it is neither ethical nor scientific from a professional point of view, and it is unethical because it is unscientific.

One should not be misled as to the principles involved, even though the case is not an old catch-penny nostrum, but a novel scheme with plenty of capital interested.

NEW BOOKS.

'THE LANGUAGE OF MEDICINE.' By F. R. Campbell, A. M., M. D., Professor of Materia Medica and Therapeutics in the Medical Department of the Niagara University, Buffalo, New York. D. Appleton & Co., New York. 1888. For sale by Burrows Brothers, Cleveland, Ohio.

This is one of the most valuable recent contributions to the physician's library. It will prove not only of incalculable benefit to the medical student, but to the medical teacher and writer as well.

Part first is devoted to a history of medicine from a linguistic point of view, from which we will venture to make a few extracts, which will illustrate the general style and scope of the book better than any criticism or extended table of contents.

"Sciences and arts, like nations, have languages of their own. When a nation makes progress in civilization, new words are formed to express new thoughts and new discoveries. When old institutions die out, the words used to symbolize them disappear. So it is with the language of science—with each new theory a new word is born; with each exploded hypothesis or abandoned instrument an old word dies." "When we recall the numerous allusions in our science to the heathen deities of old, the 'sacred disease,' *epilepsy*, the 'sacred fire,' *erysipelas*, the 'sacred muscle,' *transversalis lumborum*, and the 'sacred bone,' *os sacrum*, we feel that our art is still redolent with the paganism and superstition of antiquity. When we think of 'St. Anthony's fire,' 'St. Vitus' dance' and 'St. Ignitus' bea,' we wander to mediæval shrines more pious but not less superstitious. But with all these relics and vagaries and past errors, our science is still advancing to a higher plane, and the day may come when the *comma bacillus* and the *gonnococcus* and many other terms will likewise be classed among words marking the delusions of the past, for many a hypothesis, supported by the ablest of physicians, has dis-

appeared from the pages of our medical books, leaving only a few words, like fossils, to tell to future generations the story of their rise and fall."

The art of medicine was born with the Aryan race, but the language of the Aryans, like that of the Celts, has had only an indirect influence upon the subsequent vocabularies. The Greeks cultivated medical science until it attained a high degree of development; then as the Normans conquered the Saxons, the Romans conquered the Greeks, and the language of medicine became a Latinized Greek, as in the former case it became a Normanized Saxon. For half a millennium in the middle ages the true science of medicine dwelt with the Arabs, and when it came back to Latin speaking countries, it brought some Moorish words and notions in its train. Then when Greek learning was revived in the fifteenth century many of the older terms, which had been lost, were again restored, and Greek has remained the favorite source from which we derive medical terms at the present day, although of late many words from various modern languages, especially the French, have found their way into our medical literature."

"In the latter part of the sixteenth century, medical men in England began to write in their own language, although the great majority of the text-books in all the sciences were Latin, and professors in the schools lectured in that language."

"In Germany there is now a tendency to abolish Latin and Greek terms and substitute pure German words. Thus we find them using *krebs* for cancer, *kehlkopf* for larynx, *magenentzuendung* for gastritis, *frau enheilkunde* for gynaecology, etc. In the German language this change is possible, although, perhaps, not advisable. In English it would be very difficult to form words to take the place of our scientific terms derived from classic tongues. Windpipehead, woman-healingart and straightgutinflammation would certainly be no improvement upon the learned words now employed. Moreover, our colloquial vocabulary is in a constant state of change; whereas, scientific truths, once established, should

have names to designate them in all times and in all countries." "What one of the hundred vulgar names for the male organ of generation which Rabelais has taken the trouble to record in French, could we substitute for the Latin *penis*?"

"Latin words are still being found, and it is anything but a dead language. Antimonium, potassium and tannicum are words unknown to the ancients. The recently formed Greek words all wear Latin dresses; we do not write *γονοχόκκος*, but gonococcus, nor *μυργίτις*, but myringitis. Many of the words imported from the modern languages are, when it is possible, promptly turned into Latin. Although we do not inflect *tolu* as a Latin word, we form from it the adjective *tolutanus*. Spanish, Portuguese and Italian words like *cascarilla*, *ipecacuanha* and *scarlatina* are usually treated as if they were Latin, forming a genitive in *æ*."

The truth of the saying of Coleridge that we might often gain more useful knowledge from the history of a word than from a history of a campaign, is very forcibly illustrated in the derivation, meaning, pronunciation and inflection of many of the over two thousand words so treated in this work. *Quassia*, for instance, is derived from a common African personal name. Quashi was a West Indian slave, and a "medicine man," who first pointed out the use of this plant. In slavery days the name Quashi was frequently met with among our southern Negroes. We have the plantation song,

Quashi scrapes the fiddle string
And Venus plays the flute.

The French *dent de lion*, lion's tooth, has become *dandelion*. *Verd de gris*, French, green of gray, has become *verdigris*. *Wermuth*, German, mind preserver, *wormwood*, etc. *Delirium* is derived from the Latin *de*, off, and *lira*, a furrow or track. When a man is *delirious*, he has wandered from his normal mental track.

The Greek *κυνόγχη*, cyanche, from *κύων*, a dog, and *γχω*, to choke—that is, to choke like a dog—became in low Latin *esquinantia*, from which the French *esquinancie* and our *quinsy* have been formed.

In part second almost all the Latin words used in medical works will be found, while in part third, nearly all medical words derived from the Greek are found and traced to their origin, and part four is devoted to the discussion of elements derived from the modern languages.

The subject of orthoepy is incidentally discussed, and a list of many words commonly mispronounced is given. This portion of the work, together with the portion devoted to prescription writing, might have been profitably extended and the large quotations from Latin and Greek grammars omitted. This latter will prove of little or no value to those physicians who have not had a classical training, and those who have had such an education could brush up their memory in forgotten details as well from their text-books, and it is unfortunate to have a book so thoroughly original in conception and execution padded out with such commonplace matter.

The book is a plea for a higher culture in polite literature among medical men, and we can heartily recommend the work to every physician who is a lover of a higher medical education. It ought to be on the shelves of every physician's library.

'DISEASES OF THE HEART AND CIRCULATION IN INFANCY AND ADOLESCENCE.'
By John M. Keating, M. D., and William A. Edwards, M. D. Illustrated with photograph and wood engravings. Pages, 215. Cloth, price, \$1.50. Philadelphia. P. Blakiston, Son & Co. 1888.

This book is, as the authors say in their preface, "the only systematic attempt that has been made to collect in book form the abundant material which is scattered throughout medical literature in the form of journal articles, clinical lectures, theses and reports of societies" bearing upon this important subject. It is not a mere compilation, but a systematic treatise, and bears evidence of considerable labor and observation on the part of the authors. The frontispiece is a diagram, in colors, of the foetal circulation, from Cazeaux and Tarniers' *Obstetrics*. Two fine photographs of dissections exhibit mitral stenosis and mitral regurgitation; there are also a number of wood cuts.

Some inaccuracies of statement have been overlooked. For instance, on the eighteenth page, twelfth and thirteenth line, "during inspiration and distention of air vesicles the heart is carried over and somewhat removed from the chest," should read, "chest wall."

On the twenty-first page we read: "By reflecting a moment we will see that an appreciable quantity of the foetal blood, after reaching the right auricle, does not, as in the adult, find its way into the right ventricle, but through the foramen ovale into the *right auricle*." This should be corrected to read, "through the foramen ovale into the *left auricle*," which makes quite a difference in the statement.

Again on the fifteenth page, in the recapitulation of the heart sounds, it is asserted that "The *long pause* is the time during which the blood is finding its way through the pulmonary artery and lungs, by way of the pulmonary vein, into the left auricle, and from there into the left ventricle. It also represents the time required by the blood to traverse the systemic circulation and find its way back into the right auricle and from there into the right ventricle." This description is liable to confuse the reader, because it fails to distinguish between the blood *wave* and the blood *stream*. Surely the authors do not mean to assert that during the long pause (between the second and first sound of the heart, that is, between the end of one revolution and the beginning of the next) the blood forced out by the right ventricle traverses the pulmonary circulation and returns to the heart—and that forced out by the left ventricle traverses the systemic circulation and returns to the heart. Yet that is what one would infer. They mean, doubtless, that the *wave* caused by the heart's ventricular contraction traverses the pulmonary and systemic circulations, and a portion of the blood stream is returned to fill the auricles. We remember it is estimated that the blood all passes through the heart only once in twenty-five to fifty seconds, the pulmonary current being about five times as rapid as the systemic, while the velocity of the wave is twenty or thirty times as great as that of the current. It would only be through a very short arch of the systemic

circulation (the coronary of the heart, for instance) that the blood could travel during one "long pause."

These few examples from the number will serve to show the need of a careful revision.

We would suggest that a constant comparison with the more familiar conditions of the adult would increase the usefulness of the book to the general practitioner. Notwithstanding such slight errors, it is the best on this subject now on the market, and should soon exhaust a large edition.

'DISEASE OF THE JOINTS.' By Howard Marsh, F. R. C. S., Senior Assistant Surgeon to and Lecturer on Anatomy at St. Bartholomew's Hospital, Senior Surgeon to the Hospital for Sick Children and to the Alexandria Hospital for Hip Disease, with sixty-four illustrations and a colored plate. Philadelphia. Lea Bros. & Co. 1886.

This is another number of the excellent "Series of Clinical Manuals for Practitioners and Students," now being issued by Lea Bros. & Co. This is not the kind of book to stow away on a high shelf for possible reference and to help make a library look respectable. But like Owens' 'Surgical Diseases of Children,' it is the kind of book to read through and then keep lying handy on your table to help in the every day work.

It is not an exhaustive treatise. Being limited in space, the author has not dilated on pathology nor expanded in bibliography.

There is a short sketch of the pathology of each affection discussed, but the main space has been devoted to diagnosis and treatment.

The work as a whole is excellent, but we are obliged to take exception to a few points, one of which is the account of Furneux Jordan's amputation of the hip joint. Mr. Marsh says (p. 421): "Mr. Furneux Jordan's operation is thus performed: When the external iliac is under control in the groin, all the soft parts at the junction of the upper with the middle third of the thigh are divided with a single circular sweep down to the bone; the femur is divided and the vessels are tied. A vertical incision down to the bone is then made on the outer side of the stump from its inferior extremity to the top of the trochanter and the remaining part of the femur is removed."

Compare this with Mr. Jordan's own description of the operation ('Surgical Enquiries,' second ed., p. 302): "A tourniquet was put over the external iliac artery, the limb having been exsanguinated as completely as possible by Es-march's elastic bandage and by position. A straight incision was made and the trochanters and upper part of the shaft were freed from their muscular attachments, after which the capsule was opened and some early but unmistakable bony union was broken through. Next the shaft was cleared downwards from all its attachments (which are here mostly loose and cellular) for a considerable distance, then a few free sawing movements, with a long-bladed knife, through the thigh, from which the bone had been removed, ends the operation. No bone being left, the muscles quickly retracted and were easily covered by the skin. Very little blood was lost. The larger trunks were tied with catgut."

Mr. Jordan afterward wrote: "The surgeon may, if he choose, make the circular sweep before the shaft of the bone is turned out, if precautions against hemorrhage have been very complete," and he subsequently modified slightly one detail, namely, he took more care in retracting the skin (with the knife) before dividing the muscles.

Otherwise we are not aware that he modified the operation, the steps of which are seen to be very different from the description given by Mr. Marsh.

'THE PHYSICIAN'S LEISURE LIBRARY.' Published by Geo. S. Davis, Detroit, Michigan.

We are pleased to see good medical literature published at a reasonable price. The physician's books, like his instruments, have usually cost him too much money. Here are some good books which would ordinarily cost a dollar and a half to two dollars, published in paper covers at 25 cts., cloth 50 cts. each, or sets of 12 in paper cover, at \$2.50, cloth \$5.00, postpaid.

The numbers received are 'Modern Treatment of Pleurisy and Pneumonia,' by G. M. Garland, M. D.; 'The Infectious Diseases,' 2 vols., by Karl Liebermeister, translated by E.

P. Hurd, M. D.; 'Disorders of Menstruation,' by Jenks. The remaining numbers of this, the second series, are on 'Extra Medicinal Therapeutics'—Cohen; 'Diseases of the Male Urethra'—Otis; 'Modern Treatment of Headaches'—Hamilton; 'Intestinal Diseases of Children'—Jacobi; 'Modern Treatment of Diarrhoea and Dysentery'—Palmer; 'Diseases of Heart,' 2 vols., Dujardin—Beaumetz; 'Diagnosis and Treatment of Hemorrhoids'—Kelsey.

'THE ESSENTIALS OF MEDICAL CHEMISTRY AND URINALYSIS. By Sam E. Woody, A. M., Professor of Chemistry and Public Hygiene, and Clinical Lecturer on Diseases of Children, in the Kentucky School of Medicine. Second edition (revised and enlarged, with 85 illustrations). Louisville: John P. Morton & Co. 1888.

All who concede the usefulness of synopses, compends, memoranda, notes, essentials and the like ways of getting the gist out of lengthy treatises, will be pleased with this little book of 140 pages. It certainly contains the principles and facts of a course in chemistry together with the application of those principles and facts to medicine. The chapter on Urinalysis is as satisfactory as can be in so small a compass. The book is designed for students and is destined to be very popular among them.

NOTES AND COMMENTS.

A suitable portrait for the late C. R. Agnew.—At the late meeting of the Ophthalmological and Otological section of the New York Academy of Medicine, the following motion was made and carried:

"That a committee be appointed, of which the chairman of the section, Dr. David Webster, be a member, whose duty it shall be to obtain a good photograph of the late Dr. Cornelius R. Agnew, for the purpose of having engravings suitable for framing made from this. The right of issue and sale of such engravings shall be given to some first-class publisher, if practicable; if not, the committee shall offer them to the profession, at cost."

In accordance with the above, a committee has been appointed. Members of the profession who desire such an engraving, accompanied by an autograph signature, should send their names and addresses to the secretary of the committee, Dr. Charles H. May, 640 Madison avenue, New York city, at once. When all such names shall have been recorded, those who have requested a copy of the engraving will be notified of the cost of the same, either by the publisher, or by the committee having the matter in charge.

A good and paying practice with no competition, given away to anyone who will buy a house, office and two acres of land for much less than its real value. Daily mails and good schools—near the Lake Shore railroad. Write for particulars. Terms liberal. Address, M. R. N., MEDICAL GAZETTE.

Steel engraving of Dr. John Delamater.—We intend to publish a fine steel engraving of this grand old pioneer of medicine on the Western Reserve in our August number. We expect to continue the publication of these engravings from time to time, and we hope our friends will appreciate the effort we are making to furnish them a two-dollar journal for a dollar, by remitting the small subscription price in advance.

We enclose a large number of bills in this number, which we hope will not be overlooked. In order to furnish the GAZETTE for the small price of one dollar a year, we can not afford to carry a complimentary list, and must have a large subscription list, as the proportional cost of publishing a large edition is not so much as a small one. Can not you induce your neighbor to try the GAZETTE for one year? Subscriptions can commence any time.

The Annual of Universal Medical Sciences. A yearly report of the progress of the general sanitary science, throughout the world. Edited by Charles E. Sajous, M. D., and seventy associate editors and over two hundred corresponding editors. This annual has more than fulfilled all the publishers promised. In typographical appearance the volumes are all that could be desired. The publisher, Mr. F. A. Davis of Philadelphia, is to be congratulated upon the fine appearance of the work, and its completion at the appointed time. We have no doubt but that every subscriber for this year's work will renew it and the publisher will be called upon to issue a much larger edition the coming year. We shall be pleased to review the work at length in our next issue.

The Cuyahoga County Medical Society held their regular July meeting Thursday, the fifth. The attendance was good, and considerable interest manifested in the discussion of the subject of "Medical Ethics." The subject for discussion at the August meeting is "Antiseptics in Midwifery." Leading speakers are Drs. Dutton and Herrick.

The Society of Medical Sciences has adjourned during the hot weather. The next meeting will be held in September.

As this is the time of year when troubles with the digestive track are so common, it is a good time to test the relative merits of the various Pepsin preparations. Send to Dr. E. E. Beeman, 37 Public Square, Cleveland, Ohio, and secure a sample of his preparation.

NEW REMEDIES.

PIL. TERPIN HYDRAT. "W. H. S. & CO." 2 Grains each.

A new and potent remedy in the treatment of coughs, catarrh, bronchitis, and kindred diseases.

Terpin Hydrate is in the form of colorless monoclinic crystals, melting at 100° C. and has the composition $C_10H_20O_2$ - OH.

It was first prescribed in France by Lepine, who recommended it as an expectorant, Guelpa took 4 grammes in 12 hours, and Jeannel prescribed 2 grammes per day, for several weeks in succession, without the least sign of intolerance.

Jeannel and See found it useful in Bronchial affections, and Vigier in the same disease recommends it to be taken in pills to the extent of one or two grammes per day.

Dr. Halstead Boyland (*vide "The Medical Record,"* Sept. 24th, 1887,) speaks very enthusiastically of Terpin Hydrate, and after quoting several cases in which it has been exhibited with marked success, thus concludes: "It has proved eminently satisfactory in my hands in every case in which I have used it, and I now prescribe it freely in all Coughs, Colds, and Catarrhal affections, as well as in Bronchial troubles generally, wherever elimination is indicated, and should advise its administration in Asthmatic Dyspnoea in doses of 2 grains every 15 minutes until 10 grains have been taken or relief had been obtained. It has already proven itself of great utility in the treatment of diseases of the respiratory tract, and must be conceded to be a valuable addition to the Pharmacopoeia."

We have submitted our Pills of Terpin Hydrate to physicians of eminence, and from all who have had opportunities of trying them the remedy has received their unqualified approval.

In a case of chronic bronchial catarrh, the patient being a very stout lady, the relief was immediate, the cough easier, sleep quite normal, and expectoration free.

PIL. HYDRARGYRUM TANNICUM OXYDULATUM. "W. H. S. & CO." (MERCURY TANNATE.) 1 GRAIN EACH.

Mercury Tannate was first prepared by Dr. Sigmund Lustgarten in the Pathological-Chemical Institute of Prof. E. Ludwig, in Vienna.

It is a greyish-green powder, containing at least 40 per cent. of Mercury, and is absorbed by the system with great rapidity due to the fine separation of the Mercury; at the same time it is free from the disagreeable symptoms accompanying the use of other mercurial preparations.

Dr. Lustgarten submitted his experience with Mercury Tannate to the Imperial and Royal Society of Physicians in Vienna, January 4th, 1887, showing that it possessed mild antisyphilitic properties, seldom producing salivation, stomatitis, or diarrhoea, which so often follow the administration of the Chloride, Bi-chloride, Protiodide, and Biniodide forms of Mercury.

Doctors Shadec, Leblond, Dornig, Person, Borowski, and Lesser, and Professors Lang and Finger, all write approvingly of Tannate of Mercury.

We have placed the Hydrargyrum Tannicum Oxydulatum in the hands of several eminent physicians, connected with hospitals of New York, for trial, so that a verification might be obtained of the foregoing testimony. From reports already received it seems well worthy of a more extended trial. We now offer it to the medical profession in the form of our soluble pills containing one grain each.

PIL. SALOL. "W. H. S. & CO." 2½ and 5 Grains each.

A new remedy for rheumatism and rheumatic affections, possessing all the advantages of Salicylic Acid and Salicylate of Soda, while not causing any of their objectionable effects.

This valuable remedy was introduced by us to the medical profession several months since, to whom we offered it in pill form in strengths of 2½ and 5 grains to each pill.

"Salol" or "Salicylate of Phenol" was first introduced by Professor Von. Nencki of Berne, and first brought to the attention of the medical profession in a communication by Dr. Sahli to the Medico-Pharmaceutical District Society of Berne, at its meeting held in that city on April 6, 1886.

Salol is composed of 40 per cent. of Phenol (Carbolic Acid) and 60 per cent. Salicylic Acid; a very faint odor of Carbolic Acid is characteristic of pure Salol.

We are now revising our TREATISE on Salol, in which we intend to incorporate the latest experience acquired in the treatment of the several diseases for which Salol is indicated.

This TREATISE will be mailed on application.

W. H. CHIEFFELIN & Co., 170 & 172 William St., N.Y.

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HOSPITAL for WOMEN

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This preparation is equal in therapeutical value to the old reliable Parrish Chemical Food, and in elegance and palatability it is far superior. The full benefit of Phosphoric Acid and the above-named Phosphates as a remedy for Nervous Exhaustion, General Debility, Deranged Digestion, Renal Troubles, etc., will be derived from our PHOSPHORIC ELIXIR.

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Corn Creek P. O., Trimble Co., Ky.

The following article appeared in "THE MEDICAL AGE," Detroit, Michigan, October 25, 1887.

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BY WILLIARD H. MORSE, M. D., WESTFIELD, N. J.

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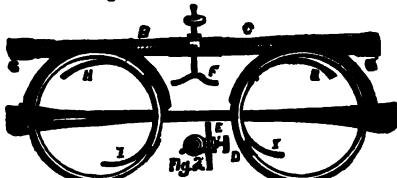
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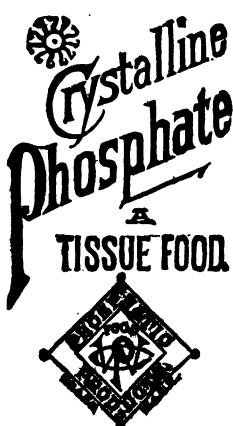
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